

**EXHIBIT B (Revised) to
Motion for Preliminary Approval**

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

**EXHIBIT B
CLAIM FORM**

[Borrower's name]

[Mailing Address]

[City, State, Zip]

[Insert Property Address]

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE DEEMED INVALID AND THE CLAIM MAY BE DENIED.

IF MORE THAN ONE PERSON IS A BORROWER ON THE LOAN, THEN ALL BORROWERS MUST COMPLETE AND SIGN THIS CLAIM FORM.

IF ONE OR MORE OF THE BORROWERS ARE DECEASED, PLEASE SEE ACCOMPANYING INSTRUCTIONS.

AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS, CLAIMANTS REQUIRED TO SUBMIT IDENTITY VERIFICATIONS AND AFFIDAVITS CAN ACCESS SAMPLE FORMS ON THE SETTLEMENT WEBSITE: www.GrayFinancialFreedomSettlementInfo.com.

OUR RECORDS INDICATE THAT FINANCIAL FREEDOM CHARGED YOU FOR THE PREMIUM ON A HAZARD OR WIND-ONLY LENDER-PLACED INSURANCE POLICY COVERING YOUR RESIDENTIAL PROPERTY BETWEEN FEBRUARY 2, 2012 AND JULY 31, 2018. IF THIS IS CORRECT, AND YOU WISH TO RECEIVE A PARTIAL REFUND OF YOUR PREMIUM CHARGES, PLEASE COMPLETE THIS CLAIM FORM AND SUBMIT IT BY THE DEADLINE NOTED ABOVE.

IF YOU ARE THE BORROWER NAMED AT THE TOP OF THIS FORM, PLEASE COMPLETE THE BELOW INFORMATION AND MOVE ON TO THE VERIFICATION AT THE END OF THIS FORM.

1. Home Telephone Number _____
2. Borrower(s) Date(s) of Birth _____

3. Borrower(s) Social Security Number(s) _____
(Last four digits only) _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

IF YOU ARE:

- **THE REPRESENTATIVE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **THE REPRESENTATIVE OF THE ESTATE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **YOU INHERITED THE PROPERTY LISTED AT THE TOP OF THIS FORM FROM THE BORROWER NAMED AT THE TOP OF THIS FORM**

PLEASE COMPLETE THE BELOW INFORMATION, COMPLETE THE VERIFICATION AT THE END OF THIS FORM, AND SUBMIT AN IDENTITY VERIFICATION AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS:

1. Claimant(s)' Name(s) _____

2. Claimant(s)' Current Address _____

3. Claimant(s)' Telephone Number _____
4. Claimant(s)' Social Security Number(s) _____
(Last four digits only) _____
5. Borrower(s)' Date(s) of Birth _____

6. Borrower(s)' Social Security Number(s) _____
(Last four digits only) _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

VERIFICATION

- (1) During the time period described on the Instructions for this Claim Form, I was the Borrower, am the representative of a Borrower, or inherited property from a Borrower that was listed as an additional named insured or an insured under a lender-placed hazard or wind-only insurance policy issued by, subscribed by, or procured or obtained through Balboa Insurance Company, QBE Insurance Company, QBE FIRST Insurance Agency, Inc. n/k/a NGLS Insurance Services, Inc., MIC General Insurance Company, Seattle Specialty Insurance Services, Inc., Certain Underwriters at Lloyd's, London or Great Lakes Reinsurance (UK), PLC n/k/a Great Lakes Insurance SE for residential property secured by a reverse mortgage loan serviced by Financial Freedom (an "LPI Policy");
- (2) I was charged an LPI Policy premium by Financial Freedom;
- (3) The charge for the LPI Policy was not cancelled out in full after issuance; and
- (4) Since the issuance of the LPI Policy, my indebtedness on my residence secured by my security instrument has not been discharged in bankruptcy or otherwise extinguished.

I hereby declare (or certify, verify, or state) under penalty of perjury that the information provided by me on this Claim Form is true and correct.

Date: _____

(Signature of Claimant)

Last Four Digits of Social Security No.

(Signature of Co-Claimant)

Last Four Digits of Social Security No.

Please MAIL THIS CLAIM FORM to the Gray Financial Freedom Settlement Center, P.O. Box _____, _____ - _____, with a postmark of no later than _____, or, if a private mail carrier is used, a label reflecting that the mail date is no later than _____.

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

EXHIBIT B



**Your claim must be
submitted by [INSERT
DATE] Borrower's name]**

**C
L
A**

IM FORM

[Insert Property Address]

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT

PLEASE FULLY COMPLETE THIS CLAIM FORM AND SIGN IT BELOW. INCOMPLETE CLAIM FORMS WILL BE DEEMED INVALID AND THE CLAIM MAY BE DENIED.

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IF ONE OR MORE OF THE BORROWERS ARE DECEASED, PLEASE SEE ACCOMPANYING INSTRUCTIONS.

~~**TO BE COMPLETED BY YOU:**~~ AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS, CLAIMANTS REQUIRED TO SUBMIT IDENTITY VERIFICATIONS AND AFFIDAVITS CAN ACCESS SAMPLE FORMS ON THE SETTLEMENT WEBSITE: www.GrayFinancialFreedomSettlementInfo.com.

OUR RECORDS INDICATE THAT FINANCIAL FREEDOM CHARGED YOU FOR THE PREMIUM ON A HAZARD OR WIND-ONLY LENDER-PLACED INSURANCE POLICY COVERING YOUR RESIDENTIAL PROPERTY BETWEEN FEBRUARY 2, 2012 AND JULY 31, 2018. IF THIS IS CORRECT, AND YOU WISH TO RECEIVE A PARTIAL REFUND OF YOUR PREMIUM CHARGES, PLEASE COMPLETE THIS CLAIM FORM AND SUBMIT IT BY THE DEADLINE NOTED ABOVE.

IF YOU ARE THE BORROWER NAMED AT THE TOP OF THIS FORM, PLEASE COMPLETE THE BELOW INFORMATION AND MOVE ON TO THE VERIFICATION AT THE END OF THIS FORM.

1. Home Telephone Number

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

2. Borrower(s) Date(s) of Birth _____

3. Borrower(s) Social Security Number(s) _____
(Last four digits only) _____

IF YOU ARE:

- **THE REPRESENTATIVE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **THE REPRESENTATIVE OF THE ESTATE OF THE BORROWER NAMED AT THE TOP OF THIS FORM, OR**
- **YOU INHERITED THE PROPERTY LISTED AT THE TOP OF THIS FORM FROM THE BORROWER NAMED AT THE TOP OF THIS FORM**

PLEASE COMPLETE THE BELOW INFORMATION, COMPLETE THE VERIFICATION AT THE END OF THIS FORM, AND SUBMIT AN IDENTITY VERIFICATION AS EXPLAINED IN THE ACCOMPANYING INSTRUCTIONS:

1. Claimant(s)' Name(s) _____

2. Claimant(s)' Current Address _____
~~(if different from the address~~ _____

~~on the envelope enclosing~~ _____

~~this Claim Form)~~ _____

3. ~~Borrower~~ Claimant(s)' Name(s) _____
_____ Tel
ephone Number
~~(if different from the Claimant(s))~~ _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

4. ~~Borrower(s)' Current Address~~ Claimant(s)' Social Security Number(s)

(if different from the address _____ La
_____ st four digits only)
~~on the envelope enclosing~~ _____
~~this Claim Form~~ _____

5. ~~Address of the property for which~~ _____
~~Financial Freedom placed~~ _____
~~the LPI Policy~~ _____
_____ **6.**
Borrower(s)' Date(s) of

7. ~~Claimant(s)' Home Telephone Number~~

8. ~~Claimant~~ 6. Borrower(s)' Social Security Number(s)
(Last four digits only) _____

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

9. ~~Borrower (s)' Social Security Number(s)~~

~~(Last four digits only)~~

QUESTION: ~~DID FINANCIAL FREEDOM CHARGE YOU FOR THE PREMIUM ON A HAZARD OR WIND-ONLY LENDER-PLACED INSURANCE POLICY COVERING YOUR RESIDENTIAL PROPERTY BETWEEN FEBRUARY 2, 2012 AND JULY 31, 2018?~~

~~☐ Yes ☐ No~~

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

Section 1 VERIFICATION

- (1) During the time period described on the Instructions for this Claim Form, I was the Borrower, am the representative of a Borrower, or inherited property from a Borrower that was listed as an additional named insured or an insured under a lender-placed hazard or wind-only insurance policy issued by, subscribed by, or procured or obtained through Balboa Insurance Company, QBE Insurance Company, QBE FIRST Insurance Agency, Inc. n/k/a NGLS Insurance Services, Inc., MIC General Insurance Company, Seattle Specialty Insurance Services, Inc., Certain Underwriters at Lloyd's, London or Great Lakes Reinsurance (UK), PLC n/k/a Great Lakes Insurance SE for residential property secured by a reverse mortgage loan serviced by Financial Freedom (an "LPI Policy");
- (2) I was charged an LPI Policy premium by Financial Freedom;
- (3) The charge for the LPI Policy was not cancelled out in full after issuance; and
- (4) Since the issuance of the LPI Policy, my indebtedness on my residence secured by my security instrument has not been ~~compromised or~~ discharged in bankruptcy or otherwise extinguished.

I hereby declare (or certify, verify, or state) under penalty of perjury that the information provided by me on this Claim Form is true and correct.

Date: _____

(Signature of Claimant)

Last Four Digits of Social Security No.

(Signature of Co-Claimant)

Last Four Digits of Social Security No.

Please MAIL THIS CLAIM FORM to the *Gray Financial Freedom Settlement Center, P.O. Box _____, _____, _____-____*, with a postmark of no later than _____, or, if a private mail carrier is used, a label reflecting that the mail date is no later than _____.

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

~~Option 1~~

Witness Verification

~~I witnessed the Claimant execute the foregoing Claim Form, and affirm and verify under penalty of perjury that the foregoing is true and correct:~~

~~_____ Date: _____~~

~~(Signature of Witness)~~

~~(Address of Witness)~~

~~Phone: _____~~

YOUR CLAIM MUST BE SUBMITTED BY [INSERT DATE]

Option 2

Notary Verification

STATE OF _____)

_____-SS

COUNTY OF _____)

~~BEFORE ME, the undersigned authority, personally appeared _____, who after having been duly sworn, state(s) that the foregoing affirmation and statement is true and correct. He/she personally appeared before me, is/are personally known to me or produced _____ as identification, and did take an oath.~~

Notary: _____

(Signature)

Print Name: _____ [NOTARY SEAL]

Notary Public, State of _____

My commission expires: _____

Document comparison by Workshare 9.5 on Monday, January 13, 2020 11:30:17 AM

Input:	
Document 1 ID	interwovenSite://DMS-AMERICAS/ACTIVE/47088070/1
Description	#47088070v1<ACTIVE> - Final Exhibit B
Document 2 ID	interwovenSite://DMS-AMERICAS/ACTIVE/47857109/2
Description	#47857109v2<ACTIVE> - 2020.01.13 -- Revised Exhibit B Claim Form
Rendering set	GT-1

Legend:	
<u>Insertion</u>	
Deletion	
Moved from	
<u>Moved to</u>	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	32
Deletions	57
Moved from	0
Moved to	0
Style change	0
Format changed	0
Total changes	89